

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90074 023 ****61.25

0084062

DOCUMENT # N97000005895

1. Corporation Name

RENEW MINISTRIES, INCORPORATED

161036 - 90074 - 23

Principal Place of Business

712 SECRET HARBOR LN. #102
LAKE MARY FL 32746

Mailing Address

PO BOX 150
LONGWOOD FL 32752-0150



2. Principal Place of Business

21 894 E. OSCEOLA ROAD

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified
10/17/1997

4. FEI Number

APPLIED FOR 59-3489965

Applied For
Not Applicable

22 City & State

23 GENEVA, FL

27 City & State

28 Zip

24 32732

Country

25 SEMINOLE

29 Zip

Country

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DALE, LARRY A
120 KAYWOOD DR
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME HAMMOCK, JAMES W
STREET ADDRESS 712 SECRET HARBOR LN, #102
CITY-ST-ZIP LAKE MARY FL 32746 ☐ DELETE

TITLE VP
NAME HAMMOCK, DERI O
STREET ADDRESS 712 SECRET HARBOR LN, #102
CITY-ST-ZIP LAKE MARY FL 32746 ☐ DELETE

TITLE T
NAME HAYNES, DELTON
STREET ADDRESS 309 STONEBRIDGE DRIVE
CITY-ST-ZIP LANGWOOD FL 32779 ☐ DELETE

TITLE S
NAME WIGHTMAN, STEVE
STREET ADDRESS 5000 SAN JOSE BLVD., #88
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ DELETE

TITLE CBOD
NAME DALE, LARRY
STREET ADDRESS 120 KAYWOOD DRIVE
CITY-ST-ZIP SANFORD FL 32771 ☐ DELETE

TITLE VCBOD
NAME KREFFLE, RANDY
STREET ADDRESS 311 LAKE ROAD
CITY-ST-ZIP LAKE MARY FL 32746 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME JAMES W. HAMMOCK
1.3 STREET ADDRESS 894 E. OSCEOLA ROAD
1.4 CITY-ST-ZIP GENEVA, FL. 32732

2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME DERI O. HAMMOCK
2.3 STREET ADDRESS 894 E. OSCEOLA ROAD
2.4 CITY-ST-ZIP GENEVA, FL. 32732

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE SECRETARY ☒ Change ☐ Addition
4.2 NAME STEVE WIGHTMAN
4.3 STREET ADDRESS 906 MAPLETON TERRACE
4.4 CITY-ST-ZIP JACKSONVILLE, FL 32207

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)